

Greater East Texas Community Action Program

WEATHERIZATION

638A N. University Drive #212, Nacogdoches, TX 75961

800-621-5746 or 936-585-7224 or 903-405-8299

REQUIRED DOCUMENTATION FOR ALL NEW HOUSEHOLD MEMBERS: NO EXCEPTION

Proof of Citizenship by one of the following items:

- US Passport
- Certified Vital Record Birth Certificate or Certificate of Birth Abroad (FS-240, DS-1350 OR FS-545)
- US American Indian or Alaska Native Tribal Card with photo
- Certificate of US Citizenship (N-550, n-561)
- Permanent Resident Card or Resident Alien card (I-551)

Proof of identification: two of the following MAY be required:

- Driver's License or photo ID
- US Military or Military Dependent ID
- Student ID
- School Records
- Immunization Record
- Social Security Card

If you do not have any of the items listed for proof of Citizenship or Identification, please contact GETCAP for other options.

Proof of ALL income earned/received in the last 30 days from the date the application is dated. This includes anyone living in the house of age 18 and older.

The Current Year's award letter for Social Security, SSI, VA, SSDI, RSDI, TANF, Utility Reimbursement

We cannot accept bank statements or W2 tax forms for proof of income

Additional information that may be asked for: Proof of SNAP, Child Support, Housing Letter, Utility Bills

WEATHERIZATION

- Assessments are scheduled by our staff by phone or home visits. After 2 (two) attempts to reach out with no response, your application will be deferred. Current contact information is required.
- Any missed appointment for an assessment with no prior notice will cause your application to be deferred. You are allowed to reschedule 1 (one) time. Any Subsequent attempts to reschedule an assessment will cause the application to be deferred.
- Any home that is considered a health and safety risk to our staff or contractors will be subject to further review at GETCAP's discretion.
- Landlord Permission Form-RENTERS ONLY (see our website or request a copy)
- All rooms in the home must be accessible (unlocked all doors). Rooms must be clear of clutter so an accurate assessment can be made, and contractor can complete the assigned work.
- It is the resident's responsibility to have an adult 18 years of age present and available for the assessment and contractor work.
- All animals must be put away and secured both inside and outside the home.
- Threats and/or abusive language towards the assessors or contractors will result in a deferral of services.
- The present of an illegal substance in or around the home will result in deferral.
- Assessors and contractors have requested the residence refrain from smoking or vaping while in their presents.

You must include a map or brief description of how to get to your home.

Go to our website for more information www.get-cap.org

Email applications and required documents together to wxprograminfo@get-cap.org

It can take up to 60 days for processing. Assistance may vary, depending on available funding.

Greater East Texas Community Action Program

Application for Services

2026 WEATHERIZATION

OFFICE USE ONLY

Date received: ____/____/2026

Vul ____ Non Vul ____

ALL FIELDS MUST BE FILLED OUT

Name of Applicant or Head of Household:			
Service Address:	City:	Zip:	County:
Mailing Address if Different:			
Primary Phone:	Secondary Phone:	Email:	

Is anyone in the household an employee, board member, family, friend, or former staff member of GETCAP? Yes or No.
If yes, please identify name and county _____

Please check the program you are applying for:

____ Energy Assistance ____ RISE (Case Management) ☒ Weatherization ____ Head Start ____ HVAC

HOUSEHOLD MEMBERS:

Head Of Household:

First Name:	Last Name:	Relationship to you SELF	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

Second Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

Third Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

Fourth Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

Fifth Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

If you need to add more individuals on the application, please add additional page:

HOUSEHOLD INCOME: Please Check all that apply

- | | | |
|---|--|---|
| <input type="radio"/> Employment | <input type="radio"/> Military Retirement Income | <input type="radio"/> TANF |
| <input type="radio"/> SSI | <input type="radio"/> Unemployment | <input type="radio"/> HUD Utility Check |
| <input type="radio"/> Social Security Retirement | <input type="radio"/> Worker's Compensation | <input type="radio"/> Earned Income Tax |
| <input type="radio"/> Social Security Disability | <input type="radio"/> Private Disability Insurance | <input type="radio"/> Family Support/Gifts |
| <input type="radio"/> Social Security Survivor | <input type="radio"/> Alimony | <input type="radio"/> NO INCOME (Need DIS form) |
| <input type="radio"/> VA Disability – Service | <input type="radio"/> Child Support | |
| <input type="radio"/> VA Disability – Non-Service | | |

NON-CASH BENEFITS – Please Check all that apply

- | | | |
|--|---|---|
| <input type="radio"/> SNAP | <input type="radio"/> Public Housing | <input type="radio"/> Childcare Voucher |
| <input type="radio"/> WIC | <input type="radio"/> Perm Supportive Housing | <input type="radio"/> ACA Subsidy |
| <input type="radio"/> Housing Choice Voucher | <input type="radio"/> HUD VASH | |

HOUSING TYPE

- | | | |
|--|--|--------------------------------|
| <input type="radio"/> Private Home | <input type="radio"/> Duplex | <input type="radio"/> Homeless |
| <input type="radio"/> Mobile Home (single or double) | <input type="radio"/> Subsidized Housing | |
| <input type="radio"/> Apartment | <input type="radio"/> Renting a Room | |

HOUSING STATUS

- | | |
|----------------------------|---|
| <input type="radio"/> Own | My housing status is safe and affordable? Yes or No |
| <input type="radio"/> Rent | My housing is in need of Weatherization? Yes or No |

Monthly Rent Amount You Pay:	Landlord Name:		
Landlord Address:	Landlord Phone:	Are Utilities Included in Rent: Y or N	

HOUSING CONDITION

Is your roof leaking Y or N	How long has it been leaking:	In how many rooms is it leaking?
Are there holes in your floors? Y or N		Does your home have a good foundation? Y or N
Have you ever received Weatherization from GETCAP? Y or N		If yes, When?

GAS/PROPANE STATUS

If there is gas/propane in the home, which type is it? Natural Gas _____ or Propane _____

Please check all gas/propane appliances in the home:

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Water Heater | <input type="radio"/> Stove | <input type="radio"/> Space Heater |
| <input type="radio"/> Wall Furnace | <input type="radio"/> Central Unit | <input type="radio"/> Other _____ |

HVAC STATUS

Main type of Appliance used to COOL the home?

- | | |
|--|-----------------------------------|
| <input type="radio"/> Central Unit | <input type="radio"/> Split Unit |
| <input type="radio"/> Window Unit | <input type="radio"/> Other _____ |
| <input type="radio"/> Evaporative Cooler | <input type="radio"/> NONE |

Main Type of Appliance used to HEAT the home?

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="radio"/> Central Unit (electric or gas) | <input type="radio"/> Wood Stove | <input type="radio"/> Other _____ |
| <input type="radio"/> Window Unit | <input type="radio"/> Gas Stove | <input type="radio"/> NONE |
| <input type="radio"/> Wall Furnace | <input type="radio"/> Electric Heater | |
| <input type="radio"/> Fireplace | <input type="radio"/> Gas Heater | |

UTILITY SERVICE INFORMATION**ELECTRIC PROVIDER**

NAME OF THE VENDOR:	ACCOUNT NUMBER:	NAME ON THE ACCOUNT:
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GAS PROVIDER

NAME OF THE VENDOR:	ACCOUNT NUMBER:	NAME ON THE ACCOUNT:
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I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumptions histories, both past and future, to the extent that the information is used only to determine program eligibility and to provide data.
Warning: Section 1001 of the U. S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U. S. as to any within its jurisdiction.

I understand that a photocopy of this release is as valid as the original.

Release to be renewed only if information changes

CERTIFICATION

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been annualized at the time of application according to pre-established procedures.
- I understand I may appeal to a denial of eligibility, and amount of assistance received, or a delay in service delivery.
- I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
- I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.

STANDARD INFORMATION RELEASE

I hereby give my permission to Greater East Texas Community Action Program for the following, and do affirm the stated understandings:

- GETCAP may obtain information to complete my application for assistance or services.
- GETCAP may share necessary information with other individuals or organizations to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
- GETCAP may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
- I understand GETCAP may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will provide every assurance that personal identifying information will be redacted.
- I understand I am not entitled to any compensation for any use of my story or likeness.
- I will continue to provide income information for Case Management reasons as long as necessary for GETCAP to release me from the Self-Sufficiency Program

WHAT TO EXPECT NEXT

1. Once your application (including all required documents) has been accepted as complete, you will enter the queue for eligibility review based on your priority score and the date/time your application was received.

****NOTE****If your application is not complete or is missing required forms, you will have 7 days to make corrections or submit additional information. Once that information is received, your application will enter the queue based on the date/time the application was considered complete. If the information required is not received in 7 days' time the application will be closed.

2. Once your application is considered complete and placed in queue, it can take up to 60 to 90 days to process the application. Do not contact us about the status if your application is still inside of the above timeframes. It is essential you continue to pay your bills until you have heard from us. **A disconnection notice does not move you ahead of other applications already in the queue.**

3. You will receive a call and a letter from your case manager after your application has been processed that will detail the payments made on your behalf.

4. To ensure your application is processed as quickly as possible, please ensure you have completely filled out the application, signed and dated, and attached all the required documents.

Please explain what has happened that has caused you to seek our assistance?

QUESTIONS

I acknowledge I have received the Energy Saving Tips attached to this application?	Y	N
Do you have small children you would like to enroll in Head Start (Nacogdoches, Smith, San Jacinto, or Houston County)	Y	N
Do you need assistance locating your local Child Support Office?	Y	N
Do you need assistance locating your local Workforce Solution Office?	Y	N
Do you need assistance locating your local food banks?	Y	N
Is your household interested in new job skills, furthering education to become financial stable?	Y	N

DISABILITY CERTIFICATION FORM

I hereby certify that I am disabled as defined in one of the following:

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)
 - I receive benefits because of my disability
 - I do not receive benefits because of my disability
 - I do not receive benefits because of my disability, but I have applied for benefits

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document.

NAME OF PERSON CLAIMING DISABILITY: _____

APPLICANT SIGNATURE		DATE: ____/____/2026
CSR SIGNATURE:	RECEIVED APP: ____/____/2026	COMPLETED APP: ____/____/2026

The Seal of the State of Texas is a circular emblem. It features a five-pointed star in the center, surrounded by a wreath of olive and oak branches. The words "THE STATE OF TEXAS" are inscribed around the perimeter of the seal.

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DECLARATION OF INCOME STATEMENT (DIS)
(DECLARACION DE INGRESOS)

Applicant Name: (Nombre del Solicitante)		Applicant Last Name (Apellido)	
Address (Direccion)	City (Ciudad)	Zip Code (Codigo Postal)	

State the gross income for household members, 18 years and older, who have no documentation o the income received in the 30 day period prior to the date of the application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 anos de edad o mas, y que no tienen documentatcion de ingresos por los 30 dias antes del aplicar para asistencia)*

NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) \$
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My household has no documented proof of income due to the following situation.
(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones)

I certify that the above information is true and correct to the best of my knowledge and belief. (Yo certifico que la informacion proveida de los ingresos es verdadera y correcta según mi saber y creencia.)
I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa o fraudulenta.)

Applicant Signature/Firma del Solicitante

Date/Fecha

ENERGY SAVING TIPS
ATTENTION: THIS IS YOUR COPY TO KEEP

You can do something to keep your utilities down

COOLING ENERGY SAVING TIPS

TEMPERATURE SETTINGS

- Set the thermostat at 78°F or higher. Each degree below 78°F equals an 8% increase in our cooling cost, which means more energy use and a higher air conditioning bill.
- For energy savings set the fan switch on a central system or room air conditioner on “automatic” instead of “on” or “continuous”

FANS

- Ceiling fans will create a breeze over your body. This spreads the cold air more evenly and will make you feel more comfortable.
- The ceiling fan direction should be DOWN for summers and UP for winters.
- Portable fans can also help you feel comfortable at higher thermostat settings.
- Turn fans off when leaving the room

WINDOWS AND DOORS

- Make sure the weather stripping around doors and windows is in good condition. Replace if necessary
- Weather strip and caulk around windows and doors to prevent drafts.
- Keep the sun out. Keep blinds, shades or draperies closed on sunny days to help keep heat out. This is especially important on any windows or glass doors receiving direct sunlight. Sunlight can increase demand for your air conditioner by almost 30%
- Use solar screens or reflective film on south, west and east windows to reduce air conditioning cost.
- Keep doors closed or at least try to minimize the number of times that doors outside are opened and closed. Each time you open the door hot air enters the house.

SYSTEM CHECKS

- Have your cooling system checked and tuned up once or twice per year, especially older units. Losses from a poorly maintained system accumulate over time.
- Check filters monthly and clean or replace if dirty
- If the cooling unit is more than 10 years old and needs major repairs, it is usually more cost-effective to replace with a new unit than to repair the old one.

THERMOSTAT

- Check the accuracy of the thermostat by placing a thermometer next to the thermostat and comparing the readings for room temperature.
- A programmable thermostat lets you easily raise the thermostat during periods when no one is home.

AIR DUCTS

- Leaks develop in all air ducts over time. Sealing these leaks in ducts can reduce cooling cost by up to 20% with reductions of 10% extremely common.

VENTS

- If a room air conditioner has an outside fresh air intake, or exhaust vent, keep the vent closed.
- Closing the cooling vents in an unoccupied room can save up to 5 to 10% on your cooling cost.

INSULATION

- Make sure that your wall and attic are properly insulated. Adding fiberglass insulation in your attic is one of the most cost-effective saving measures.
- Electric outlets can let hot air into the house. Remove the outlet covers and insert special foam insulation underneath.

LIGHTING ENERGY SAVING TIPS

LIGHTS

- Turn lights off when leaving a room. Use daylight whenever possible.
- Use fluorescent lights when possible. This can save over \$30 per year in electricity costs.
- Use timers, photocells, dimmers, three-way lights and occupancy sensors when possible.

APPLIANCE ENERGY SAVING TIPS

REFRIGERATOR

- Refrigerators and freezers operate most efficiently when full. Keep your freezer at a temperature between 0–5-degree F.
- Allow leftovers to cool before putting them in the refrigerator.
- Vacuum behind your refrigerator at least once a year. Keep the dust off the coils.

CLOTHES DRYER/WASHER

- Your washer uses the same amount of energy regardless of how much clothing is being washed. Washing 2 small loads uses twice as much energy as combining them into one full load.
- Don't overload the dryer.
- Clean the filter after every load.
- Dry clothes early in the morning or in the afternoon, keeping the house cooler.

COOKING

- Use microwave or outdoor grills to cook when possible
- Thaw food completely before cooking.
- Full size ovens are not very efficient when cooking smaller quantities of food.
- If you have a gas range, make sure that you are getting a bluish flame. A yellow flame indicates that the gas might not be burning efficiently.